Entered 12/16/08 14:50:12 Desc Main Case 08-36278-hdh13 Doc 13 Filed 12/16/08

B22C (Official Form 22C) (Chapter 13) (01/08)

In re: Carmen Adriana De La Torre

Case Number: 08-36278-13

Page 1 of /					
According to the calculations required by this statement:					
☐ The applicable commitment period is 3 years.					
✓ Disposable income is determined under § 1325(b)(3).					
☐ Disposable income is not determined under § 1325(b)(3).					
(Chack the hoves as directed in Lines 17 and 23 of this statement.)					

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

	Part I. RI	PORT OF INCO	ME			
	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed.					
	 a. Unmarried. Complete only Column A ("Delto b. Married. Complete both Column A ("Debto b.) 	olumn B ("Spouse's	s Income") for Lir	nes 2-10.		
1	All figures must reflect average monthly income receiveduring the six calendar months prior to filing the bankr			Column A	Column B	
	of the month before the filing. If the amount of monthly months, you must divide the six-month total by six, and			Debtor's Income	Spouse's Income	
	appropriate line.					
2	Gross wages, salary, tips, bonuses, overtime, com		(1)	\$10,879.17		
0	Income from the operation of a business, profession. Line a and enter the difference in the appropriate column one business, profession or farm, enter aggregation attachment. Do not enter a number less than zero	mn(s) of Line 3. If yo e numbers and prov	ou operate more ide details on			
3	business expenses entered on Line b as a deducti		my part of the			
	a. Gross receipts	\$0.00				
	b. Ordinary and necessary business expenses	\$0.00				
	c. Business income	Subtract Line b	from Line a	\$0.00		
4	Rent and other real property income. Subtract Line difference in the appropriate column(s) of Line 4. Do not include any part of of the operating expens in Part IV.	ess than zero.				
	a. Gross receipts	\$0.00				
	b. Ordinary and necessary operating expenses	\$0.00				
	c. Rent and other real property income	Subtract Line b	from Line a	\$0.00		
5	Interest, dividends, and royalties.		,	\$0.00		
6	Pension and retirement income.			\$0.00		
7	Any amounts paid by another person or entity, on expenses of the debtor or the debtor's dependents that purpose. Do not include alimony or separate ma paid by the debtor's spouse.	s, including child su	pport paid for	\$0.00		
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a Debtor Spouse					
	benefit under the Social Security Act	\$0.00	·	\$0.00		
9	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Total and enter on Line 9. Do not include alimony or separate maintenance payments paid by your spouse, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism. a. b.					
				\$0.00		

Case 08-36278-hdh13 Doc 13 Filed 12/16/08 Entered 12/16/08 14:50:12 Desc Main Document Page 2 of 7

10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s).	\$10,879.17				
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.	\$10,	879.17			
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT I	PERIOD				
12	Enter the amount from Line 11.		\$10,879.17			
13	Marital adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse, enter on Line 13 the amount of income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	a.					
	b.					
	C.					
	Total and enter on Line 13.		\$0.00			
14						
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 b and enter the result.	y the number 12	\$130,550.04			
16						
	a. Enter debtor's state of residence: Texas b. Enter debtor's househo	old size: 5	\$70,845.00			
17	Application of § 1325(b)(4). Check the applicable box and proceed as directed. The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment period is 3 years" at the top of page 1 of this statement and continue with this statement.					
	The amount on Line 15 is not less than the amount on Line 16. Check the box for " is 5 years" at the top of page 1 of this statement and continue with this statement.	The applicable comr	nitment period			
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPO	OSABLE INCOM	1E			
18	Enter the amount from Line 11.		\$10,879.17			
19	Marital adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.					
	Total and enter on Line 19.		\$0.00			

20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.			
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.			
22	Applicable median family income. Enter the amount from Line 16.			
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. ✓ The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined under § 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement. ☐ The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not determined under § 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. DO NOT COMPLETE PARTS IV, V, OR VI.			

		Part IV. C	ALCULATION	0	F DI	EDUCTIONS	FROM INC	ОМЕ	
		Subpart A: Deduc	tions under Sta	nd	lards	s of the Intern	al Revenue S	Service (IRS)	
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living					\$1,632.00			
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members e5, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.								
	Hou	isehold members under 65 ye	ears of age		Hou	sehold membe	rs 65 years of	age or older	
	a1.	Allowance per member	\$57.00		a2.	Allowance per	member	\$144.00	
	b1.	Number of members	5		b2.	Number of me	mbers		
	c1.	Subtotal	\$285.00		c2.	Subtotal		\$0.00	\$285.00
25A	and U	I Standards: housing and util Utilities Standards; non-mortgage mation is available at www.usdo	e expenses for the	e a	pplic	able county and	household siz		\$585.00
25B	a. IRS Housing and Utilities Standards; mortgage/rent expense \$1,116.00 b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47 c. Net mortgage/rental expense Subtract Line b from Line a. Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A				\$71.12				
26	and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis								

	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.				
27A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. ☐ 0 ☑ 1 ☐ 2 or more.				
	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Transportation Standards, Ownership Costs \$489.00				
	b. Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 \$204.77				
	c. Net ownership/lease expense for Vehicle 1 Subtract Line b from Line a.	\$284.23			
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. DO NOT ENTER AN AMOUNT LESS THAN ZERO.				
	a. IRS Transportation Standards, Ownership Costs				
	b. Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47				
	c. Net ownership/lease expense for Vehicle 2 Subtract Line b from Line a.				
30	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state, and local taxes, other than real estate and sales taxes, such as income taxes, self-employment taxes, social-security taxes, and Medicare taxes. DO NOT INCLUDE REAL ESTATE OR SALES TAXES.				
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. DO NOT INCLUDE DISCRETIONARY AMOUNTS, SUCH AS VOLUNTARY 401(K) CONTRIBUTIONS.				
32	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. DO NOT INCLUDE PREMIUMS FOR INSURANCE ON YOUR DEPENDENTS, FOR WHOLE LIFE OR FOR ANY OTHER FORM OF INSURANCE.				
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. DO NOT INCLUDE PAYMENTS ON PAST DUE OBLIGATIONS INCLUDED IN LINE 49.				

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Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.				
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcaresuch as baby-sitting, day care, nursery and preschool. DO NOT INCLUDE OTHER EDUCATIONAL PAYMENTS.			\$0.00	
Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. DO NOT INCLUDE PAYMENTS FOR HEALTH INSURANCE OR HEALTH SAVINGS ACCOUNTS LISTED IN LINE 39.			\$0.00	
Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone servicesuch as pagers, call waiting, caller id, special long distance, or internet serviceto the extent necessary for your health and welfare or that of your dependents. DO NOT INCLUDE ANY AMOUNT PREVIOUSLY DEDUCTED.				
38	Total Expenses Allowed under IRS Standards. Enter the total of Lines 24 th	hrough 37.	\$3,185.35	
	Subpart B: Additional Living Expense Note: Do not include any expenses that you have			
	Health Insurance, Disability Insurance, and Health Savings Account Expenses in the categories set out in lines a-c below that are reasonably necespouse, or your dependents.			
39	a. Health Insurance	\$0.00		
39	b. Disability Insurance	\$0.00		
	c. Health Savings Account	\$0.00		
	Total and enter on Line 39			
	IF YOU DO NOT ACTUALLY EXPEND THIS TOTAL AMOUNT, state your actual total average monthly expenditures in the space below:			
40	Continued contributions to the care of household or family members. En monthly expenses that you will continue to pay for the reasonable and necess elderly, chronically ill, or disabled member of your household or member of you unable to pay for such expenses. DO NOT INCLUDE PAYMENTS LISTED IN	sary care and support of an our immediate family who is	\$0.00	
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.				
Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF YOUR ACTUAL EXPENSES, AND YOU MUST EXPLAIN WHY THE AMOUNT CLAIMED IS REASONABLE AND NECESSARY AND NOT ALREADY ACCOUNTED FOR IN THE IRS STANDARDS.			\$0.00	

Case 08-36278-hdh13 Doc 13 Filed 12/16/08 Entered 12/16/08 14:50:12 Desc Main Document Page 6 of 7

44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) YOU MUST DEMONSTRATE THAT THE ADDITIONAL AMOUNT CLAIMED IS REASONABLE AND NECESSARY.					
45	char in 26	ritable contributions. Enter the itble contributions in the form of cast U.S.C. § 170(c)(1)-(2). DO NOT NTHLY INCOME.	ash or financial instruments to a ch	aritable organization	n as defined	\$0.00
46	Tota	al Additional Expense Deduction			45.	\$0.00
	F4.		Subpart C: Deductions for Del	•	tio managet, that	
47	you Payr the t	Ire payments on secured claims own, list the name of the creditor, in ment, and check whether the paymotal of all amounts scheduled as cwing the filing of the bankruptcy case. Enter the total of the Average N	dentify the property securing the conent includes taxes or insurance. Contractually due to each Secured use, divided by 60. If necessary, list	lebt, state the Avera The Average Month Creditor in the 60 m	age Monthly ly Payment is onths	
		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a.	Chase Auto Finance	2003 Chevrolet Suburban (M	\$204.77	yes ☑no	
	b.	M & T Bank	2623 Viva Drive, Mesquite, T	\$1,044.88	yes no	
	C.			Total: Add	yes no	
				Lines a, b and c		\$1,249.65
48	resid you in ac amo fored	er payments on secured claims. dence, a motor vehicle, or other promay include in your deduction 1/60 didition to the payments listed in Lirunt would include any sums in deficiosure. List and total any such an parate page. Name of Creditor	operty necessary for your support Oth of any amount (the "cure amoune 47, in order to maintain possess ault that must be paid in order to a nounts in the following chart. If necessity	or the support of yount") that you must posion of the property. I would repossession occassary, list addition	ur dependents, eay the creditor The cure or	
	a.	M & T Bank	Property Securing the De 2623 Viva Drive, Mesquite,		\$69.66	
	b.		1, 11 quits,			
	C.					
				Total: Add	Lines a, b and c	\$69.66
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. DO NOT INCLUDE CURRENT OBLIGATIONS, SUCH AS THOSE SET OUT IN LINE 33.					
Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and resulting administrative expense.						
	a.	Projected average monthly chap	iter 13 plan payment.		\$400.00	
	b.	Current multiplier for your district	<u> </u>		7 10 10 1	
issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					10 %	
	C.	Average monthly administrative	expense of chapter 13 case	Total: Multip	ly Lines a and b	\$40.00
51	Tota	Il Deductions for Debt Payment.	Enter the total of Lines 47 through	h 50.		\$1,508.84
		S	ubpart D: Total Deductions fr	om Income		
52 Total of all deductions from income. Enter the total of Lines 38, 46 and 51. \$4,						\$4,694.19

	Part V. DETERMINATION OF DISPOSABLE INCOME UNDER § 1325(b)(2)					
53	Total current monthly income. Enter the amount from Line 20.	\$10,879.17				
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.					
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.	\$4,694.19				
57	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. YOU MUST PROVIDE YOUR CASE TRUSTEE WITH DOCUMENTATION OF THESE EXPENSES AND YOU MUST PROVIDE A DETAILED EXPLANATION OF THE SPECIAL CIRCUMSTANCES THAT MAKE SUCH EXPENSES NECESSARY AND REASONABLE. Nature of special circumstances Amount of expense a. b. C. Total: Add Lines a, b, and c	\$0.00				
Total adjustments to determine disposable income. Add the amounts on Lines 54, 55, 56, and 57 and enter the result.						
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Line 58 from Line 53 and enter the result.	\$4,694.19 \$6,184.98				

	Part VI: ADDITIONAL EXPENSE CLAIMS						
	Other Expenses. List and describe any monthly expenses, not otherwise stated in this form, that are required for the health and welfare of you and your family and that you contend should be an additional deduction from your current monthly income under § 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate page. All figures should reflect your average monthly expense for each item. Total the expenses.						
60		Expense Description	l	Monthly Amount			
00	a.						
	b.						
	C.						
			Total: Add Lines a, b, and c	\$0.00			
		Part VII: \	ERIFICATION				
		clare under penalty of perjury that the information provis is a joint case, both debtors must sign.)	ded in this statement is true and o	correct.			
61		Date: 12/16/2008 Signate	ure: /s/ Carmen Adriana De La (Debt				
		Date: Signate	ure:(Joint Debte	or, if any)			